

vesication. Whenever strangury occurred from the drawing of a blister, there was to be observed an immediate amelioration of the symptoms of the disease; and notwithstanding such effects have followed, we have never yet ventured on the internal use of cantharides.

The colchicum, so highly recommended by Dr. Elliotson as a cathartic in this disease, we have not employed. It may be applicable to the treatment of purpura, but only in those cases threatening effusion into the cavities, or when the disease occurs with arthritic or rheumatic constitutions.

If turpentine possesses any peculiar power as an internal remedy to adapt itself to the treatment of purpura, it must act like cantharadin; but our experience does not by any means support the belief that it exerts any such power. Nor have we ever derived any benefit from it in any other way when used than as a purgative enema.

In cases seeming to result from the injurious effects of mercury, it will be improper to employ calomel, or any form of mercury. In such cases the nitro-muriatic acid mixture should be preferred, when the biliary secretion is defective. In cases of this kind, too, we have derived the best effects from the inspissated bile, and aloes, used in combination with a grain of ipecac.: from two to four of the bile to one or two of aloes, and a grain of ipecac. made into two pills, to be taken morning and night. This compound acts decidedly on the liver, bowels and skin.

During convalescence it will be important that the bowels be kept easy. We have known slight returns of the disease to follow constipation of only a few days' continuance. The too early and free use of salt food will be injurious to convalescents from the disease, and relapse has followed such indulgence in our practice.

Great care should be had to protect the body against atmospheric vicissitudes, and exposure to cold and damp.

As early as possible, convalescents should exercise freely out of doors in the open air, but not to fatigue the body. Generally, it will be safest for persons to put on flannel, and to continue its use for one or two years after an attack of purpura.

PRINCE EDWARD C. H., *Virginia*, October 1st, 1845.

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ART. XIII.—*Case of Angio-Leucitis with abscess, from the introduction of pus into a slight wound.* By HENRY HARTSHORNE, M. D.

THE danger of *dissecting wounds* is well known to every student; most are aware also that risk sometimes attends the entrance into the system of matter from living bodies; but the fact that very unpleasant consequences may result from this, is not so familiar as to render any confirmation of it

uninteresting. The following case, moreover, presents one rather peculiar symptom.

About the 16th of 11th month, 1845, being at the time on duty for the resident, in the men's surgical ward of the Pennsylvania Hospital,—the writer received a very trifling cut on his right thumb. After a day or two he left it entirely uncovered; continuing the dressing of patients, among whom were abscesses, compound fractures, &c. There were none under his charge, however, at this time, to afford specific virus; nor did any case of gangrene, or post-mortem examination occur.

The first constitutional symptom was a decided chill on the evening of the 18th; the thumb was then just commencing to swell and to give pain. Little discomfort was felt the following day, except in the thumb, to which cold water was freely applied till evening. A febrile condition then commenced, which increased till, at 9 o'clock, there were all the symptoms of a high fever, with intense headache. A red line was very distinctly visible from the thumb to the axilla, which was painful to the touch or on motion. No swelling of the glands, however, was perceptible at this or any other period of the attack. A small bleeding from the arm gave some relief, but the fever, headache, and restlessness, continued through the night, abating somewhat in the morning.

20th. Purged by salts in the afternoon. In the evening 20 leeches were applied to the thumb, which relieved the pain, and from this time it continued to improve, till in about a week it was entirely well. In one or two days also the red line within the arm disappeared, leading to the expectation of immediate recovery; but the soreness of the axilla, though without swelling, and the fever, headache, &c., persisted.

25th. Four dozen leeches applied to the arm-pit. They afforded as much relief to the general symptoms, calling for depletion, as to the local. For several days past, the fever has been on the increase. Appetite scanty. Bowels requiring repeated cathartics; urine very high-coloured. The axilla does not yet present any distinct tumescence.

To avoid tedious detail,—this febrile state remained, with little variation but its evening exacerbation, with restless nights and morning remission; and on the 29th, a swelling was perceived, filling the space between the great pectoral muscle and the latissimus dorsi and teres major, though not reaching to the articulation within one or two inches, and evidently not formed upon the larger lymphatic glands. It was entirely *hard*, presenting nearly the same resistance as a rib, but painful on pressure. Three dozen leeches were at once applied.

It was about this time that the symptom became marked, which I have mentioned as peculiar. It had existed to some extent, however, since the 25th. It was a hacking cough, accompanied by no pain in the interior of the chest, no physical sign of disorder there, and not the slightest expectoration. It, as well as pain in the tumour itself, was brought on by a long

breath; by getting out of bed, and especially leaning forward. It was always worse during the evening fever. When this occurred it also brought with it a shortness of breath, evidently not from any *obstruction* in the lungs, nor simply the usual panting of febrile respiration. I was sensible of an undue degree of contraction of the muscles of expiration; causing that movement to be long and blowing, while that of inspiration was difficult and short. For two or three weeks this was the most unpleasant symptom; although I was much troubled with headache, constant pain in the back, and flatulent, colicky, pain in the bowels. The difficulty of breathing was somewhat alleviated by pressure on the epigastrium, the lower ribs, or the muscles about the umbilicus; thus confirming my sensations, which referred it to a spasmodic contraction especially of the diaphragm; a blister to the epigastrium gave partial and temporary relief.

12th month, 2d. Tumour still hard: painful when touched; gradually enlarging. Two dozen leeches applied in the afternoon. Throbbing in the head; difficulty of breathing greater than usual; a sense of constriction over the whole chest. In the evening, the removal of ten ounces of blood by venesection relieved the throbbing of the temporals, and lessened much the discomfort of respiration.

7th. After a number of days further of fever, now an irregular hectic, with a continuation of the hacking cough, &c., the tumour gradually began to show, by greater swelling, softness and fluctuation, the existence of suppuration. Appetite still capricious and meagre, though stomach not disordered at all; bowels tolerably regular and now without pain; urine losing some of its high colour, but occasionally voided with difficulty.

On the 12th, the abscess was opened by a free incision. This was followed by the discharge of about five ounces of good pus, and *instantaneously* by the *cessation of the cough* above spoken of, and difficulty of inspiration, and by the disappearance of the fever.

After a little delay from the induration of its sides, making a ridge of detached integument between them, this being remedied by a compress and bandage, the abscess healed well; and by the 3d of 1st month, 1846, the orifice had closed.

As to the nature of this tumour, it appeared to result from inflammation of the lymphatic vessels, apart from the principal glands of the axilla; and having no resemblance to phlebitis, or, as it is called, metastatic abscess from deposit of pus; although pus was undoubtedly the irritating cause. The hardness of the tumour remaining for at least two weeks, and the successive stages of its formation, even the first swelling being very tardy, to my mind stamped this character upon it. The hardness and method of origin recalled to my mind a recent case in the hospital,—which is sufficiently interesting to adduce, as being also an illustration of what may occur as the *secondary* consequences of injuries.

Kendall Major, aged 25, was admitted into the Pennsylvania Hospital, 8th month, 25th, 1845, with a fracture of the upper part of the femur. In the course of the treatment, by Physick's modification of Dessault's apparatus, some excoriation was produced upon the heel. From this originated a severe erythema, almost erysipelatous, with inflammation in the track of the lymphatics to the groin. The erythema was cured; the fractured bone united; but some slight soreness remained on the inside of the thigh, in the course of the absorbent trunks. Some weeks after, when the excoriation was nearly well, he complained of this soreness of his thigh having increased; and a swelling was found there, two or three inches long by three-fourths of an inch broad, about the middle of the thigh, in the usual line of situation of the lymphatics. As there were heat and redness, cold applications were used for a day or two. A blister was then applied; but the swelling, pain and tenderness continued to increase, and, in about a week, without having perceptibly lost its character of hardness, it broke and discharged a large amount of pus. This discharge diminished rapidly, however, and on the 3d of 12th month he was discharged entirely cured.

To return to our former case. The pectoral symptoms mentioned, I presume, perhaps erroneously, to be somewhat uncommon and curious. There was evidently no disorder, functional or organic, of any of the viscera of the thorax, beyond the mere febrile agitation of the heart; the sound on percussion was clear, the respiratory murmur distinct, and no râle of any kind noticed; there was not the least expectoration, or exchange of a mere hacking for a more violent cough, although it continued for about three weeks. Yet the cough was at times so incessant that two words could not be spoken without its interruption; and every afternoon brought the same difficulty of breathing, evidently spasmotic. Both of these symptoms vanished *at once* on the opening of the abscess. It was then, a cough and shortness of breath, produced by an irritating cause entirely *external to the chest*. The precise mode of this causation would be an interesting inquiry; whether it occurred by irritation of the intercostal nerves, or of the pleura, short of inflammation, (which certainly did not exist,) and perhaps of the anterior thoracic branches of the brachial plexus, supplying the subclavius, pectoralis major and minor muscles; these nerves being considered (vide Hargrave's remarks in Ranking's report on the nervous system), important in respiration and in dyspnœa; or whether through the connections of the sympathetic, resembling what is called the stomach-cough, or others arising from sympathy with diseased organs at a distance. The doctrine of inherent contractility in muscle under stimulus would dispense with these nervous media,—but this could not extend to the diaphragm, which my sensations persuaded me was particularly affected. It is true that in such a case sensation may often be deceptive.

The main interest of the case, however, is its weight as an argument against careless exposure of themselves by practitioners to a cause of disease which is so easily avoided ; and which, however rarely it may act, is of sufficient importance when it does, to forbid neglect.

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ART. XIV.—*Placenta Prævia*,—removal of the *Placenta before the child*.

By GEO. N. BURWELL, M. D., of Buffalo, N. Y. (Communicated in a letter to the Editor.)

I SEE in the last number of the Journal that you have collected a number of cases of *placenta prævia*, where the placenta came away of itself or was taken away by the physician before the delivery of the child. Below you will find a short account of a similar case which occurred to my father a few years ago, and which he has written out at my request to send to you. You will observe that although the woman was so greatly exhausted by the hemorrhage, before full dilatation of the *os uteri*, as to require brandy, yet the pains were sufficient to expel the child in fifteen minutes after labour was allowed to go on, by the removal of the tampon.

You will notice, also, a peculiarity in the mode of confining the tampon. Neither Dr. Trowbridge nor my father has any confidence in the T bandage where the object is to restrain hemorrhage while waiting for the dilatation of the *os uteri*. They both insist in these cases that the *vagina* be filled as full as it can be crowded with pieces of old cloth (or with cotton), and these be kept in their place by a compress to the *vulva*, supported by firm, steady, continued pressure with the hand.

It is the decided impression both of Dr. Trowbridge and my father, that the rate of mortality as shown by Dr. Simpson's 399 cases of *placenta prævia* treated in the ordinary way, is far too high, judging solely from their own experience. Neither of them has the means of knowing the precise number of such cases they have seen during the last thirty years. Dr. S. thinks a dozen cases to be within the actual number he has met with, and he has known of two deaths only, including the case\* I sent you a short time since.

This same case is the only fatal one it has occurred to my father to meet with of at least ten cases he has seen during his professional career, (a shorter one by some years than Dr. Trowbridge's.) Four times they have met in consultation. Take these from the twenty-two cases leaves eighteen cases. Of these two have died.

The case of Mrs. S. is the only one either has seen where the *placenta* was first delivered.

\* [This case will be published in a future No.—EDITOR.]